



## Legislative Fiscal Bureau

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May 7, 2003

Joint Committee on Finance

Paper #415

### **Health Insurance Risk-Sharing Plan (Health and Family Services -- Health)**

[LFB 2003-05 Budget Summary: Page 245, #1 and Page 246, #2 and #3]

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#### **CURRENT LAW**

The state's health insurance risk-sharing plan (HIRSP) offers health insurance coverage to individuals with adverse medical histories and others who cannot obtain affordable health care coverage from the private sector. Wisconsin residents are eligible to enroll in HIRSP either as a result of having health insurance coverage rejected or limited by an insurer or as a result of having certain specific diseases or disabilities.

HIRSP is funded from policyholder premiums, assessments paid by health insurance companies doing business in Wisconsin, reduced payments to service providers, and state general purpose revenue (GPR). The GPR funding is used to: (a) reduce overall program costs (\$10.0 million in 2001-02 and \$9.5 million in 2002-03); and (b) reduce costs for premium and deductible subsidies for low-income HIRSP beneficiaries (\$780,800 in 2001-02 and \$741,800 in 2002-03). After accounting for GPR funding used to reduce overall program costs, the remaining program costs are distributed among policyholders (60%), insurers (20%), and providers (20%).

Premiums are determined by gender, age, plan, and location. HIRSP currently has three plans. Plans 1A and 1B are for individuals who meet the eligibility criteria but are not eligible for Medicare. Plans 1A and 1B have different premium and deductible amounts. Plan 2 is for individuals who meet the eligibility criteria and are eligible for Medicare.

In addition, policyholders must pay a medical deductible from \$500 to \$2,500, depending on income and plan, before HIRSP will pay the costs for benefits. Also, policyholders must pay medical coinsurance of 20%, with out-of-pocket limits from \$500 to \$7,000 depending on family size and plan, and prescription drug coinsurance of 20% up to a maximum of \$25 per

prescription, with out-of-pocket limits from \$125 to \$1,000 depending on income and plan. HIRSP has the authority to establish a prescription drug copayment, but currently has no copayment requirement.

2001 Wisconsin Act 16 (the 2001-03 biennial budget act) provided a total of \$67,489,300 SEG in 2001-02 and \$87,521,000 SEG in 2002-03 to support HIRSP benefits and administration costs. Of this amount, \$62,551,300 SEG in 2001-02 and \$82,587,000 SEG in 2002-03 represented the estimated costs for benefits provided to HIRSP enrollees, and \$4,938,000 SEG in 2001-02 and \$4,934,000 SEG in 2002-03 was provided for HIRSP administration costs. In addition, DHFS was budgeted an additional \$906,100 SEG to support the costs of administering HIRSP during the 2001-03 biennium as a result of a request the Joint Committee on Finance approved under section 13.10 of the statutes in December, 2002. Segregated revenues are available from the HIRSP fund, which consists of GPR, premium revenue, and insurer assessments, but does not include the providers' contribution because the reduced payments are an offset to total expenditures for benefits provided to HIRSP enrollees.

DHFS is authorized to spend all funds received for the purpose of providing benefits to HIRSP enrollees. Therefore, the amounts appropriated in Act 16 represent only estimates of the costs for HIRSP benefits and not a limit on the amount of funding available for HIRSP benefits. However, DHFS is limited to the amounts appropriated by the Legislature to support HIRSP administrative costs. Further, DHFS is required to develop an annual budget for HIRSP in consultation with the Board of Governors. DHFS cannot implement a budget for HIRSP that has not been approved by the Board.

Currently, the HIRSP plan administrator is statutorily required to be the medical assistance (MA) fiscal agent. The current MA fiscal agent contract will expire on December 31, 2005.

Between April 1, 2002, and March 31, 2003, enrollment in HIRSP increased approximately 16.4%, from 14,131 policyholders to 16,445 policyholders.

## **GOVERNOR**

Provide \$54,132,200 (-\$10,241,800 GPR and \$64,374,000 SEG) in 2003-04 and \$117,094,600 (-\$10,241,800 GPR and \$127,336,400 SEG) in 2004-05 to modify funding for HIRSP as follows:

*GPR Supplement.* Delete \$10,241,800 GPR annually to eliminate all GPR that is used to partially support HIRSP, including funding budgeted to offset total program costs (\$9,500,000 annually) and to partially support the costs of premium and deductible subsidies provided to low-income policyholders (\$741,800 annually). Repeal two GPR appropriations that provide funding for these purposes.

*Benefits Reestimate.* Provide \$63,493,700 SEG in 2003-04 and \$125,928,900 SEG in 2004-05 to reflect a reestimate of the costs that will be paid by the plan for benefits provided to HIRSP enrollees. The bill would provide a total of \$146,080,700 SEG in 2003-04 and \$208,515,900 SEG in 2004-05 to fund HIRSP benefits costs. The reestimate primarily reflects projected increases in enrollment, as well as increases in the average costs per enrollee.

*Administration.* Provide \$880,300 SEG in 2003-04 and \$1,407,500 SEG in 2004-05 to increase funding for the administration of the plan, so that a total of \$5,363,700 SEG in 2003-04 and \$5,890,900 SEG in 2004-05 would be budgeted for this purpose. Funding budgeted for administration supports contracted services with the plan administrator to perform claims processing, enrollment, reporting and other functions, as well as DHFS staff that support the program.

*Modify Allocation of HIRSP Costs.* Specify that all of the costs for HIRSP would be distributed among policyholders (58%), insurers (21%), and providers (21%).

*Subsidies.* Authorize DHFS to provide subsidies for prescription drug copayments, in addition to subsidies for premiums and deductibles currently authorized, for eligible individuals based on income levels. Specify that the costs for subsidies for premiums, deductibles, and prescription drug copayments would be distributed equally between insurers and providers.

*Procurement.* Repeal the current requirement that the HIRSP plan administrator be the MA fiscal agent. Instead, authorize DHFS to select the HIRSP plan administrator through a competitive bidding process after the current contract expires on December 31, 2005.

## **DISCUSSION POINTS**

### **SEG - Funded Benefits and Administrative Costs**

1. In a letter to the Co-chairs of the Joint Committee on Finance dated March 17, 2003, the DOA Secretary requested that the bill be amended to reduce HIRSP benefits funding by \$3,890,100 SEG in 2003-04 and \$4,677,100 SEG in 2004-05 to reflect reestimated expenditures.

However, more recent projections of enrollment and costs developed by the Board's actuarial consultant, Milliman USA, suggests that the amount of funding budgeted in the bill for benefits should be reduced more than the amounts recommended by the administration under its revised projection.

2. On April 9, 2003, the Board approved a budget for 2003-04. The budget, which was prepared by Milliman USA, would provide a total of \$5,360,800 to support administrative costs of the plan and a total of \$130,818,100 to support projected benefits costs. The budget assumes that: (a) no GPR funding would be provided for the plan in the 2003-05 biennium, as recommended by the Governor; (b) HIRSP costs would be divided among policyholders (58%), insurers (21%), and providers (21%), as recommended by the Governor; (c) average benefit costs will increase by 12%

from the previous year; and (d) policyholder premiums would be set at 141.8% of the standard market rate.

These estimates are also based on assumptions that enrollment in HIRSP would average approximately 20,700 enrollees in 2003-04 and 25,300 in 2004-05 and that average costs per member per month would be approximately \$699 in 2003-04 and \$783 in 2004-05. The 2004-05 benefits estimate in this paper uses the same assumptions regarding caseload and cost increases as the Milliman USA projections.

3. Milliman did not prepare an independent estimate of the plan's administrative costs. Instead, the Board adopted a budget for the plan's administration that was proposed by DHFS. The projected administrative costs assume a 5% increase for fixed costs and a 25% increase for variable costs. It is assumed that the variable costs, such as printing, postage, and consultant fees, would increase or decrease based on enrollment.

Using the Board-approved estimates of enrollment, cost per enrollee, and administrative costs, and the Governor's recommended amount for administration in 2004-05 (\$5,957,600), HIRSP costs would total \$136,178,900 SEG in 2003-04 and \$193,422,800 SEG in 2004-05. These estimates include increased benefits costs of \$48,231,100 SEG in 2003-04 and \$104,878,200 SEG in 2004-05. These estimates also represent a reduction in benefit costs of \$15,262,600 SEG in 2003-04 and \$21,050,700 SEG in 2004-05 compared to the amounts in the bill.

4. The Committee could consider reducing the amount of funding in the bill that would be budgeted for the costs of administering the program so that funding for both fixed and variable costs would be increased by 5% to more closely reflect historical cost increases of administering the program.

Under this option, a 5% increase would be budgeted for: (a) the HIRSP plan administrator; (b) the pharmacy benefits management system (c) medical and actuarial consultants; (d) legal services; (e) the case management pilot program; (f) new cost containment measures; (g) referral fees; (h) postage; and (i) audits. After making adjustments to reflect one-time funding for HIPAA compliance, administrative costs for HIRSP were actually 1% less in 2002-03 than they were in 2001-02. In addition, new programs, such as the case management pilot program and new cost containment measures, established at the direction of either the Legislature or the Board, account for much of the increases in administrative costs between 2000-01 and 2002-03.

5. However, DHFS argues that it is necessary to provide more than inflationary increases for the plan's administrative costs. The Board is currently considering several program changes in the 2003-05 biennium that would require additional funding to implement and for which no funding was provided in the Governor's proposed 2003-05 budget. These include changes to reduce the growth in program costs and costs associated with changes in the plan administrator contract. Further, since the Board has the statutory responsibility to approve the budget for HIRSP (including both funding for benefits and administration), it is argued that the Legislature should not reduce the Board's ability to make these changes by limiting the amount of funding for the plan's

administrative costs to provide inflationary increases.

6. If this alternative were adopted, the Board would be required to revise its 2003-04 budget for HIRSP to reduce budgeted administrative expenses by \$583,400 SEG.

7. Attachment 1 summarizes the 2003-05 biennium funding provided under the Governor's bill, an alternative to the Governor's that reflects the Board's approved budget for 2003-04 (Alternative A1 in this paper), and a proposal that would provide a 5% inflationary increase for administrative costs in each year of the 2003-05 biennium (Alternative A2 in this paper).

### **GPR Supplement**

8. The Governor's bill would eliminate all GPR support for HIRSP (\$9.5 million annually for benefit and administrative costs and \$741,800 annually for premium and deductible subsidies, which would increase costs to the policyholders, insurers, and providers. Before 1997-98, no GPR funding was budgeted to support HIRSP program costs, other than to provide subsidies to low-income policyholders (\$780,000 GPR annually).

9. Based on the statutory allocation of net program costs, excluding subsidies, (60% to policyholders, 20% to insurers, and 20% to providers), this loss of revenue for the plan would result in increases in premiums (\$5,700,000 annually) and insurer assessments (\$1,900,000 annually) and reduced provider payments (\$1,900,000 annually). In addition, the elimination of the GPR-funded premium and deductible subsidies would increase insurer assessments by \$370,900 and reduce provider payments by \$370,900 annually.

10. This distribution of costs would represent an estimated increase in: (a) premium revenue of approximately 6.7% in 2003-04 and 4.3% in 2004-05; (b) insurer assessments of approximately 6.5% in 2003-04 and 5.2% in 2004-05; and (c) provider payment reductions of approximately 5.9% in 2003-04 and 5.2% in 2004-05. These estimates assume costs as shown in Alternative A2.

Table 1 identifies how alternative reductions in GPR support for the program, including subsidies for premiums and deductibles, would increase program costs funded from policyholders, insurers, and providers. Table 2 identifies how alternative reductions in GPR support would affect the program as a percent of projected revenue.

**TABLE 1**

**Effect of Alternatives to Modify GPR Funds  
Used to Offset Total HIRSP Costs**

<u>Alternative</u>	<u>Annual GPR Change to Base</u>	<u>Premium Revenue</u>	<u>Insurer Assessments</u>	<u>Provider Payments</u>
B1 (Governor)	-\$10,241,800	\$5,700,000	\$2,270,900	\$2,270,900
B2	-5,741,800	3,000,000	1,370,900	1,370,900
B3	-2,741,800	1,200,000	770,900	770,900
B4 (Current Law)	0	0	0	0

**TABLE 2**

**Effect of Alternatives to Modify GPR Funds  
Used to Offset Total HIRSP Costs**

<u>Alternative</u>	<u>Premiums</u>		<u>Insurer Assessments</u>		<u>Provider Contributions</u>	
	<u>2003-04</u>	<u>2004-05</u>	<u>2003-04</u>	<u>2004-05</u>	<u>2003-04</u>	<u>2004-05</u>
B1 (Governor)	6.7%	4.3%	6.6%	5.2%	5.9%	5.2%
B2	3.4	2.2	3.9	3.1	3.5	3.1
B3	1.3	0.9	2.1	1.7	1.9	1.7
B4 (Current law)	0.0	0.0	0.0	0.0	0.0	0.0

**Modify Allocation of HIRSP Costs**

11. The Governor's bill would reallocate the division of program costs from 60% to policyholders, 20% to insurers, and 20% to providers to 58% to policyholders, 21% to insurers, and 21% to providers. The result of the reallocation would increase costs to the insurers through assessments and to the providers through reduced payments. The policyholders would be required to pay less of the program costs through premiums. Attachment 2 shows the effect of the distribution of program costs under several alternative allocations for each GPR reduction alternative (alternatives B1 through B4).

12. Table 3 identifies how alternative reallocations of program costs, combined with alternative reductions in GPR support would affect the program as a percent of projected revenue. These estimates assume costs as shown in Alternative A2.

**TABLE 3****Effect of Alternatives to Modify GPR Funds  
Used to Offset Total HIRSP Costs**

<u>Alternative</u>	<u>Premiums</u>		<u>Insurer Assessments</u>		<u>Provider Contributions</u>	
	<u>2003-04</u>	<u>2004-05</u>	<u>2003-04</u>	<u>2004-05</u>	<u>2003-04</u>	<u>2004-05</u>
B1 and C1	6.5%	4.3%	6.9%	5.2%	6.2%	5.2%
B1 and C2	6.2	4.3	7.2	5.1	6.5	5.1
B1 and C3	7.0	4.3	6.3	5.3	5.6	5.3
B1 and C4	7.3	4.3	5.9	5.3	5.4	5.3
B2 and C1	3.3	2.2	4.0	3.0	3.6	3.0
B2 and C2	3.2	2.2	4.2	3.0	3.8	3.0
B2 and C3	3.6	2.2	3.7	3.1	3.4	3.1
B2 and C4	3.7	2.2	3.5	3.2	3.2	3.2
B3 and C1	1.3	0.9	2.2	1.7	2.0	1.7
B3 and C2	1.3	0.9	2.3	1.6	2.0	1.6
B3 and C3	1.4	0.9	2.1	1.8	1.9	1.8
B3 and C4	1.4	0.9	2.0	1.8	1.8	1.8
B4 and C1	0.0	0.0	0.0	0.0	0.0	0.0
B4 and C2	0.0	0.0	0.0	0.0	0.0	0.0
B4 and C3	0.0	0.0	0.0	0.0	0.0	0.0
B4 and C4	0.0	0.0	0.0	0.0	0.0	0.0

13. The actual effect on HIRSP policyholders would vary, based on an individual's annual premium. The amount of an individual's premium would vary depending on the plan in which the individual is enrolled, the age of the individual, where they live in the state, and whether the individual is male or female. Premiums vary from \$1,212 annually for a child, living in an area of the state that is not the Milwaukee area, Madison area, or southeast Wisconsin, and enrolled in Plan 1B to \$9,612 annually for a male, 60 years of age or older, enrolled in Plan 1A, and living in the Milwaukee area. Additionally, policyholders with household income at or below \$25,000 may be eligible for reduced premiums.

**Subsidies for Drug Copayments**

14. The Governor's bill would also require insurers, through assessments, and providers, through reduced payments, to evenly divide the costs of subsidies for prescription drug copayments for those policyholders with income under \$25,000 who qualify for reduced payments. Currently, policyholders do not pay copayments for prescription drugs. Policyholders pay 20% coinsurance on prescription drugs. Under current law, HIRSP could require policyholders to pay prescription drug copayments either in lieu of coinsurance or in addition to coinsurance.

15. Under current law, policyholders are not eligible for subsidies for prescription drug payments, and there are no income reporting requirements under HIRSP except for those who apply for premium and deductible subsidies. Therefore, it is unknown how many policyholders would qualify for prescription drug copayment subsidies. Consequently, it is unknown how much funding would be needed to subsidize prescription drug copayments, if HIRSP were to implement copayments, for policyholders. As a result, it is unknown how much insurer assessments would increase and provider reimbursements would decrease to provide prescription drug copayment subsidies for low-income policyholders.

**Procurement for Plan Administrator**

16. The Governor's bill would permit DHFS to procure a plan administrator that is not the MA fiscal agent. DHFS staff have indicate that HIRSP administrative costs could be reduced by selecting a plan administrator, separate from the MA fiscal agent, through a competitive bidding process.

However, the Governor's bill would provide no funding or positions to assist DHFS in the competitive bidding process. Nonetheless, DHFS intends to procure a new HIRSP plan administrator through the competitive bidding process once the current MA fiscal agent contract expires on December 31, 2005. These costs would need to be funded within the program administration budget established by the Board and the Legislature.

**ALTERNATIVES**

**A. HIRSP Benefits and Administration Funding**

1. Modify the bill by reducing funding for benefits (-\$15,262,600 in 2003-04 and -\$21,050,700 in 2004-05 and for administration (-\$69,400 in 2003-04) to reflect: (a) current estimates of benefits costs for the 2003-05 biennium; (b) the Board's approved budget for administrative costs in 2003-04; and (c) the Governor's recommended budget for administration in 2004-05.

<u>Alternative A1</u>	<u>SEG</u>
<b>2003-05 FUNDING</b> (Change to Bill)	- \$36,382,700

2. Modify the bill by reducing funding for benefits (-\$15,140,100 in 2003-04 and -\$21,050,700 in 2004-05 and for administration (-\$652,800 in 2003-04 and -\$941,300) in 2004-05 to reflect current estimates of benefits costs for the 2003-05 biennium, as adjusted to reflect a budget for program administration in 2003-04 that represents a 5% increase from the 2002-03 adjusted budget and an additional 5% increase in 2004-05.

<u>Alternative A2</u>	<u>SEG</u>
2003-05 FUNDING (Change to Bill)	- \$37,784,900

**B. GPR Supplement Funding**

1. Adopt the Governor's recommendation to delete \$10,241,800 GPR annually to eliminate GPR support for HIRSP.
2. Retain \$4,500,000 GPR annually as the GPR supplement to HIRSP.

<u>Alternative B2</u>	<u>GPR</u>
2003-05 FUNDING (Change to Bill)	\$9,000,000

3. Retain \$7,500,000 GPR annually as the GPR supplement to HIRSP.

<u>Alternative B3</u>	<u>GPR</u>
2003-05 FUNDING (Change to Bill)	\$15,000,000

4. Delete provision so that \$9,500,000 GPR would be budgeted annually as the GPR supplement to HIRSP and \$741,800 GPR would be budgeted annually to partially support the costs of premium subsidies to low-income policyholders.

<u>Alternative B4</u>	<u>GPR</u>
2003-05 FUNDING (Change to Bill)	\$20,483,600

**C. Reallocate HIRSP Costs**

1. Adopt the Governor's recommendation to reallocate HIRSP costs in the following manner: (a) 58% to policyholders; (b) 21% to insurers; and (c) 21% to providers.
2. Modify the Governor's recommendation by reallocating HIRSP costs in the following manner: (a) 56% to policyholders; (b) 22% to insurers; and (c) 22% to providers.
3. Modify the Governor's recommendation by reallocating HIRSP costs in the following manner: (a) 62% to policyholders; (b) 19% to insurers; and (c) 19% to providers.
4. Modify the Governor's recommendation by reallocating HIRSP costs in the following manner: (a) 64% to policyholders; (b) 18% to insurers; and (c) 18% to providers.

5. Maintain the current allocation of HIRSP costs (60% to policyholders, 20% to insurers and 20% to providers).

**D. Subsidies for Drug Copayments**

1. Adopt the Governor's recommendation to authorize DHFS to provide subsidies for prescription drug copayments, in addition to subsidies for premiums and deductibles as provided under current law, for eligible individuals based on income levels. The subsidy costs would be distributed equally between insurers and providers.

2. Delete provision.

**E. Procurement of Plan Administrator**

1. Adopt the Governor's recommendation to repeal the current requirement that the HIRSP plan administrator be the MA fiscal agent. Instead, authorize DHFS to select the HIRSP plan administrator through a competitive bidding process.

2. Delete provision.

Prepared by: Kim Swissdorf  
Attachment

# ATTACHMENT 1

## Governor's Recommendation (SB 44)

	Governor's Bill		Change to Base		
	<u>2003-04</u>	<u>2004-05</u>	Percent		
	<u>Base*</u>	<u>2003-04</u>	<u>2004-05</u>	<u>2003-04</u>	<u>2004-05</u>
Benefits Administration*	\$82,587,000	\$208,515,900	\$63,493,700	77%	152%
	<u>4,549,900</u>	<u>5,957,600</u>	<u>880,300</u>	<u>19</u>	<u>31</u>
Total	\$87,136,900	\$214,473,500	\$64,374,000	74%	146%
			\$125,928,900		
			<u>1,407,500</u>		
			\$127,336,600		

## Board Recommendations (Alternative A1)

	Alternative A1		Change to Base		Change To Bill		
	<u>2003-04</u>	<u>2004-05</u>	<u>2003-04</u>	<u>2004-05</u>	<u>2003-04</u>	<u>2004-05</u>	
	<u>Base*</u>	<u>2003-04</u>	<u>2004-05</u>	<u>2003-04</u>	<u>2004-05</u>	<u>Amount</u>	<u>Amount</u>
Benefits Administration*	\$82,587,000	\$130,818,100	\$48,231,100	\$104,878,200	58%	127%	-\$15,262,600
	<u>4,549,900</u>	<u>5,360,800</u>	<u>810,900</u>	<u>1,407,700</u>	<u>18</u>	<u>31</u>	<u>-69,400</u>
Total	\$87,136,900	\$136,178,900	\$49,042,000	\$106,285,900	56	122	-\$15,332,000
			\$104,878,200				-\$21,050,700
			<u>1,407,700</u>				<u>-69,400</u>
			\$106,285,900				-\$21,050,700

## Board Recommendations with Reductions in Amount Budgeted for Program Administration (Alternative A2)

	Alternative A1		Change to Base		Change To Bill		
	<u>2003-04</u>	<u>2004-05</u>	<u>2003-04</u>	<u>2004-05</u>	<u>2003-04</u>	<u>2004-05</u>	
	<u>Base*</u>	<u>2003-04</u>	<u>2004-05</u>	<u>2003-04</u>	<u>2004-05</u>	<u>Amount</u>	<u>Amount</u>
Benefits Administration*	\$82,587,000	\$130,940,600	\$48,353,600	\$104,878,200	59%	127%	-\$15,140,100
	<u>4,549,900</u>	<u>4,777,400</u>	<u>227,500</u>	<u>466,400</u>	<u>5</u>	<u>10</u>	<u>-652,800</u>
Total	\$87,136,900	\$135,718,000	\$48,581,100	\$105,344,600	56%	121%	-\$15,792,900
			\$104,878,200				-\$21,050,700
			<u>466,400</u>				<u>-941,300</u>
			\$105,344,600				-\$21,992,000

\*Adjusted to reflect standard budget adjustments (-\$387,800) and rent adjustments (\$2,200 in 2003-04 and \$2,400 in 2004-05).

## ATTACHMENT 2

### Distribution of Program Costs Under Alternative Allocation Scenarios

#### Alternative C1 to Reallocate Program Costs 58/21/21 (Governor)

<u>Alternative</u>	<u>Annual GPR Change to Base</u>	<u>Premium Revenue</u>	<u>Insurer Assessments</u>	<u>Provider Payments</u>
B1 (Governor)	-\$10,241,800	\$5,510,000	\$2,365,900	\$2,365,900
B2	-5,741,800	2,900,000	1,420,900	1,420,900
B3	-2,741,800	1,160,000	790,900	790,900
B4 (Current Law)	0	0	0	0

#### Alternative C2 to Reallocate Program Costs 56/22/22

<u>Alternative</u>	<u>Annual GPR Change to Base</u>	<u>Premium Revenue</u>	<u>Insurer Assessments</u>	<u>Provider Payments</u>
B1 (Governor)	-\$10,241,800	\$5,320,000	\$2,460,900	\$2,460,900
B2	-5,741,800	2,800,000	1,470,900	1,470,900
B3	-2,741,800	1,120,000	810,900	810,900
B4 (Current Law)	0	0	0	0

#### Alternative C3 to Reallocate Program Costs 62/19/19

<u>Alternative</u>	<u>Annual GPR Change to Base</u>	<u>Premium Revenue</u>	<u>Insurer Assessments</u>	<u>Provider Payments</u>
B1 (Governor)	-\$10,241,800	\$5,890,000	\$2,175,900	\$2,175,900
B2	-5,741,800	3,100,000	1,320,900	1,320,900
B3	-2,741,800	1,240,000	750,900	750,900
B4 (Current Law)	0	0	0	0

#### Alternative C4 to Reallocate Program Costs 64/18/18

<u>Alternative</u>	<u>Annual GPR Change to Base</u>	<u>Premium Revenue</u>	<u>Insurer Assessments</u>	<u>Provider Payments</u>
B1 (Governor)	-\$10,241,800	\$6,080,000	\$2,080,900	\$2,080,900
B2	-5,741,800	3,200,000	1,270,900	1,270,900
B3	-2,741,800	1,280,000	730,900	730,900
B4 (Current Law)	0	0	0	0